



*** DISCHARGE NOTE: For person receiving medications.**
 My signature on this form is indication that I do not want these medications in child proof containers and I understand that if I do want the child proof containers I may return these drugs to the issuing pharmacy for repackaging.

CONTROLLED DRUG RECORD
- Chart each dose administered.

TOPICAL PATCHES

APPLIED				REMOVED		USED PATCH DESTRUCTION <i>When patch is removed, it must be immediately destroyed and witnessed with two nurse signatures.</i>		
DATE	TIME	PATCH	SIGNATURE	DATE	TIME	PATCH	REMOVAL SIGNATURE	WITNESS SIGNATURE
		10				10		
		9				9		
		8				8		
		7				7		
		6				6		
		5				5		
		4				4		
		3				3		
		2				2		
		1				1		

SAMPLE

Quantity Received		Nurse's Initials	
DISPOSITION OF REMAINING DOSES			
Method of Destruction:		Quantity	Date
RN Signature		R. Ph. Signature	
<input type="checkbox"/> Doses transferred to other Disposal Record		<input type="checkbox"/> Doses discharged with patient (SEE RECORD ON CHART)	
<input type="checkbox"/> Doses discharged with patient	Quantity	Date	
<input type="checkbox"/> Party Receiving: *See Discharge Note		Nurse Signature	

- NAME ▶
- MEDICATION ▶
- DIRECTIONS ▶
- DOCTOR ▶